



2016 Study of U.S. Institutes (SUSI) Program for Secondary School Educators Application Form

A. Full Name (*exactly as it appears in your passport*)

Prefix: Choose an item.

Last Name: Click here to enter text. **First Name:** Click here to enter text. **Middle Name:** Click here to enter text.

B. Gender: Choose an item.

C. Date of Birth (month/day/year): Click here to enter text.

Example: July/22/1990

D. Birth City, Province, Birth Country: Click here to enter text., Click here to enter text. Click here to enter text.

E. Citizenship: Click here to enter text.

- Do you have an additional citizenship other than mentioned above: Choose an item. If yes, please mention your additional citizenship: Click here to enter text.

F. Country of Residence

Click here to enter text.

G. Medical, Physical, Dietary or other Personal Considerations Choose an item.

Please describe any pre-existing medical conditions, including any prescription medication you may be taking, allergies, or any other dietary or personal considerations. This will not affect the selection, but will enable the host institution to make any necessary accommodations.

Click here to enter text.

H. Candidate Contact Information

Home Address, City, Province, Home Country

Click here to enter text.

- Email

Primary: Click here to enter text.

Secondary: Click here to enter text.

Phone Number

Click here to enter text.

Click here to enter text.

- Emergency contact
Name and relationship (Example: John Doe, Father)

[Click here to enter text.](#), [Click here to enter text.](#)

- Emergency contact Phone Number
[Click here to enter text.](#)

Emergency contact email
[Click here to enter text.](#)

I. Current Position, Title, and Organization.

Primary Position: Choose an item.
Title: [Click here to enter text.](#)
Organization Name: [Click here to enter text.](#) **Organization Country:** [Click here to enter text.](#)

J. Work experience, including previous experience and titles

From	To	Title/Institution (Please specify if position is part time)
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

K. Education, Academic and Professional Training:

Degree Earned	Year Earned	Specialization	Institution	Country
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

L. Memberships

Memberships in Associations, Clubs, etc.

Please include dates (Example: Student Government, May 2011 to June 2012)

Organization Name	Position	Dates of Membership
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

M. Publications Related to the Institute Theme: Please list all foreign titles in English, publications type and year.

Click here to enter text.

N. Previous Experience in the United States

Have you traveled to the U.S. before? Yes ☐ No ☐

If yes, Please list all trips you have made to the United States and include approximate dates and the reason for travel

Purpose	From	To	Description
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

O. Family Residing in the United States

Do you have any family residing in the U.S.? Yes ☐ No ☐

If yes, please list any family members who currently are residing in the United States, including city and state.

Click here to enter text.

P. Evidence of English Fluency

Click here to enter text.

Q. Professional Responsibilities: *Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information.*

[Click here to enter text.](#)

R. Current Courses Taught:

Course Title	Level of Student	Classroom Hours per Semester	Number of Student	U.S. Studies Content (%)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

- Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position/Title	From	To	Description of Duties Performed
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Other Potential Outcomes: *Please select any likely potential professional outcomes of this program.*

[Choose an item.](#)

S. Work and Volunteer Experience

[Click here to enter text.](#)

T. Personal Essay (limit 250 words)

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the "Other Potential Outcomes" you have checked above.

Please structure your essay in paragraphs and limit your response to 250 words, or approximately half a page, single spaced. Please write your essay in the space below:

Start here

Click here to enter text.